



Developmental Disabilities Services

Notes from DD Community Forum

November, 16, 2020 from 3-4:30pm

Zoom Online Meeting hosted by Advocates in Action

- ▶ Kelly Donovan from Advocates in Action opened the meeting and welcomed everyone.
- ▶ Acting Director of DD Services Kevin Savage introduced the DD team, provided updates, and took questions.

DDS Updates

1. COVID Response

Working with providers and the community to address the COVID pandemic is the priority at the moment.

- **Congregate Care Impact:** In last 14 days, 33 residents and 63 staff members from 31 group homes (about 11% of the 291 total group homes) have been impacted by COVID. As of today (11/16), no group home residents are hospitalized.
- **Visitation guidance:** It is strongly advised that congregate care providers suspend all visitation to keep the vulnerable population as safe as possible. The one exception is for compassionate care visits.
- Director Savage acknowledged concerns about **the impact of long-term quarantining and social distancing.**
 - Families are encouraged to sign up for emails from BHDDH, including the DD News bulletins that are sent out weekly. DD News contains information about DD Services and other topics including positive mental health activities.
 - If you feel that you or someone you love is not getting the support needed, please contact your social caseworker.
 - Some providers are conducting virtual activities. If you want to engage with another provider, your social caseworker can assist you with a referral.
 - Internally, DDS is working with Medicaid to ensure alternatives, such as group virtual activities or online classes, are covered by Waiver funding.
- **SIS Assessments:** SIS workers have been certified in conducting virtual assessments. SIS meetings are now being scheduled on HIPAA-compliant Zoom lines. There are 246 assessments that need to be rescheduled due to COVID.
- Some **ISP meetings are happening on Zoom** lines. Please be mindful of privacy issues and try to use HIPAA-compliant lines or other security measures built within Zoom.
- There is a strong focus on **community-based services**, as opposed to center-based programming, going forward. The goal is to ensure that people have access to services in an individualized manner to meet their specific needs.
- COVID has increased conversations about **ways someone can use their allocation for day supports.** If you want to discuss options, reach out to your social caseworker, provider agency, or FI. More information about options will be shared via the weekly DD News bulletin and posted on the BHDDH website, as well as partner websites such as the Sherlock Center and Advocates in Action.

2. START (Systemic, Therapeutic, Assessment, Resources, and Treatments)

- The Center for START Services will work with RI to develop a **crisis intervention system** for individuals with IDD and behavioral health needs. START is an evidence-based model that includes intensive training and certification of individuals as START Coordinators, who provide crisis prevention and intervention services.

3. **Enhanced SLA funding**

- SLA providers are now able to receive additional funding for the day supports they are providing to their SLA participant due to the COVID-related closure of the usual day supports agency.

4. **EVV (Electronic Visit Verification)**

- EVV is set to be implemented with a soft launch starting January 21, 2021. BHDDH is working with FI's and stakeholders to get everyone on board.
- There are about 37 self-directed people in the DD system who have been identified as receiving home-based services subject to EVV.
- An information piece explaining EVV and to whom it applies is in development.

5. **Employment**

- **PCSEPP 3** is well underway with 4 lead agencies overseeing the implementation: Looking Upwards, Perspectives, Seven Hills RI, and Work, Inc. The customized employment pilot program is focusing on Consent Decree target population members who have never been employed and need a different approach to employment. There is information on the employment page of the BHDDH website at (https://bhddh.ri.gov/developmentaldisabilities/employmentfirst_index.php), including links to the recording of the virtual open house where all four of the projects were presented as well as copies of the presentation materials. If you are interested or unsure if you are eligible, contact Jay MacKay at Gerard.MacKay@bhddh.ri.gov or at (401) 462-5279 or talk with your social caseworker.
- Providers are continuing to offer traditional employment supports.
- Many people continue to work as essential workers. Many others have obtained jobs since March.
- In October, RIPIN and BHDDH sponsored a Peer-to-Peer panel and a Family-to-Family panels called Real Talk about Work. In the panels, adults with differing abilities shared stories of how they got hired and the supports they received along the way, and parents and siblings shared their perspectives. You can see the Peer panel at <https://www.youtube.com/watch?v=PXGzFyc3muQ> and the Family panel at <https://www.youtube.com/watch?v=FUDpCISql8w>.

6. **Consent Decree**

- In July, the Federal Court issued an order identifying 16 administrative barriers for the Department to address to reduce the administrative burden on providers. Five workgroups are addressing these 16 areas: Fiscal, Eligibility, Appeals, Contacts, and Individual Budgets. The workgroups anticipate that recommendations will be made by the end of the calendar year.
- Brian Gosselin stressed the need to ensure that the system complies the Consent Decree requirements and is person-centered. He has spoken to many and appreciates the support in his interim role as Consent Decree Coordinator.

7. **Conflict-Free Case Management**

- A working subgroup of the Quality Advisory Committee has been charged with developing a recommendation for a conflict free case management model. The group has an 8-week timeline to flesh out details for each federally required component of case management to include purpose, set of expected activities/tasks, and provider standards.
- Brenda DuHamel, an Associate Director within DD Services at BHDDH, is also working with the Long-Term Services and Supports (LTSS) Team at the Executive Office of Health and Human Services (EOHHS) to develop a conflict-free case management system to meet the needs of all HCBS agencies and ensure that BHDDH is aligned with the larger State efforts.

8. **Technology Purchases**

- Many people have asked for an itemized list of what technology and services can be purchased. No exhaustive list exists because the purchases should be defined and supported by each individual's plan. A list of some approved common technology items will be developed, but an individual will still be able to submit a personalized request for what they need.
- The pandemic has exposed a clear need for and many benefits of technology for everyone, including DD participants. However, BHDDH recognizes that not everyone wants to use technology and will continue to explore various ways to communicate with participants and families.

9. **Budget**

- This item is deferred until the next community forum, after a budget has been approved by the General Assembly.

10. **Transition Services**

- DDS works closely with the RI Department of Education (RIDE), the Office of Rehabilitation Services (ORS), and the RI Parent Information Network (RIPIN) to create **a collaborative state plan for transition planning** and services. RIDE, ORS and DDS provide presentations to introduce adult service options to educators working with transition-age youth (age 14 through 22).
- A **Transition Community of Practice** has been established with State agencies and representatives from provider agencies with the goal of increasing communication with educators across the state.
- Adult service information is provided to students and families/caregivers starting at age 14. DDS or RIPIN, representing DDS, participates in IEP meetings for youth with Intellectual or Developmental Disabilities ages 14 through 22 in public, private, and charter schools.
- DDS has an **"Eligibility by 17"** policy that encourages student to apply around the time they turn 17. This has led to an increase in students who know they are eligible for adult services several years before they exit school-funded services.
- DDS social caseworkers are assigned to work with students at least one year prior to the student's exit from school-funded services.
- A family/caregivers **Transition timeline** has been created to provide benchmarks for steps to be taken to help the youth transition into adult services.
- Outreach to children's organizations (CEDAR) has taken place, to reach a younger population and provide an earlier introduction to adult services to families.
- Materials have been updated, translated into Spanish and are available on the Transition page of DD website (https://bhddh.ri.gov/developmentaldisabilities/transition_services.php)

Community Questions

1. With vaccines on the horizon, are there plans to roll those out to those with DD?
 - a. BHDDH is working with the RI Department of Health (RIDOH) on this. RI is one of 4 states chosen to participate in a pilot program on the logistics of distributing a vaccine. Nationally, there has been advocacy efforts to include people with I/DD in the priority population for the vaccine. We will get information out as soon as a vaccine is available and decisions on distribution are known.
2. What is being done to ensure that people can be tested for COVID?
 - a. There is a process in place for surveillance testing in congregate care sites. BHDDH's Dr. Daly will be the prescribing physician. Providers will be able to get orders to do this testing themselves. Tina Spears from the Community Provider Network of RI has taken a leading role in working with RIDOH to roll this out.

3. When you talk about the number of people impacted by COVID in group homes, do they include those who are quarantining?
 - a. No, just those who have tested positive.
4. What is happening with respite services?
 - a. Respite services still exist but may be more difficult to access. Not everyone has a respite allocation, but if people have it and it's defined in their plan, they can use it. If your regular staff is not available, you can hire qualified friends or family to provide respite during COVID.
5. Will family members still be able to get paid to support their loved one after the COVID crisis is over?
 - a. We don't know yet but that is our goal. We will be working with Medicaid to extend this and allow individuals to choose whomever they want to provide services.
6. Can self-directed individuals still hire family members who live with them to be their direct support staff?
 - a. Yes. This will continue for the duration of the state of emergency. Shared Living Arrangement (SLA) providers cannot be hired to provide supports by the individual who lives with them, but enhanced funding is available for SLA providers who are providing day services that an agency was providing before COVID.
7. Are there specific criteria for the SLA providing day supports, required to qualify for the enhanced funding?
 - a. Yes, an SLA provider should contact their agency for details about applying for the enhanced stipend.
8. How many SLAs have had the opportunity to receive the enhanced stipend?
 - a. Over 150 have applied for the enhanced stipend. The enhanced stipend applies to SLA providers who are working more with individuals throughout the whole day while their regular community and day supports are unavailable due to COVID.
9. How will situations with enhanced SLA funding be handled when day programs choose to close after request has been sent in and then reopen for a short period of time then close again? Does a new request need to be submitted for every change that occurs?
 - a. In this scenario, the participant's decisions matter more than what the agency providing day supports does. The participant has 2 options. First, the participant returns to the day provider when it reopens. In this case, a new request is needed. Any changes will need a new request. Second, the participant chooses not to return to the day provider when it reopens. If the participant keeps getting their day supports from the SLA provider, then there are no changes and a new request is not needed.
10. Does the start date for enhanced SLA funding go back to August?
 - a. For those who have already applied and were providing the services in August, the SLA funding will go back to August. Interested SLA providers should contact their SLA agency who can provide full details on how to apply and eligibility requirements.
11. If I requested enhanced funding in August, and provided the services since March, is there any reason why I would not be awarded the enhanced funding back to August?
 - a. Individual circumstances cannot be addressed in this forum, but please contact your SLA agency or your social caseworker to discuss your situation.

12. Once a Purchase Order (PO) is created, how long does it take for the Shared Living Arrangement (SLA) provider to receive the funding?
 - a. We are working with provider agencies on the SLA enhanced stipend and hope to get the first round completed soon.
13. Please clarify if an S109 or the Purchase Order needs to be submitted for the enhanced stipend for SLA?
 - a. Just the S109.
14. If someone attended a program such as Cornerstone which is a non-DDO agency that was paid without DD funding, can their day funds still be accessible for the SLA enhanced stipend?
 - a. Yes
15. What are agencies doing about training for SLA providers, Direct Support Professionals (DSPs), and respite workers (e.g. CPR, first aid), given COVID?
 - a. Agencies are providing as much training as they can and are working with our regulatory office to waive trainings that are not safety related. Some trainings are being done online or virtually. The primary focus is on providing services to people in their homes. During the last few weeks as COVID has surged, we want to be sure we're supporting agencies in meeting staffing requirements.
16. Is there a process in place for acquiring personal protective equipment (PPE) for Direct Support Professionals that work for self-directed individuals?
 - a. BHDDH is able to obtain bulk PPE supplies and is working on a distribution plan. Self-directed individuals can reach out to their social caseworkers who will make a request to obtain PPE. The Department has a team
17. Are people being denied public transportation to work for fear of COVID? Taking public transportation remains difficult with COVID. The front seats are often not available to use.
 - a. RIPTA is taking fewer passengers due to precautionary measures and social distancing on their vehicles. The Ride Program has put a policy in place that they will not transport anyone who is symptomatic, which means that someone who was brought to work or other location may not be able to take Ride home if they develop symptoms during the day. Some individuals have chosen not to take public transit due to concerns about exposure or concerns about not being able to get home if they have symptoms. Those using public transit should develop an alternate plan to get home if they become symptomatic while out.
18. What outreach is there to home schooled families which may have children with disabilities that are not met through the public education path? Such as a student who is 22 and not yet serviced by a transition program – is it too late?
 - a. People age 22 have probably already exited school-funded services, so they would need to apply for adult services. We encourage applying for eligibility by age 17 for all youth. If youth are home schooled, the family should reach out to their local school district, or to Sue Hayward at BHDDH about transition. For all transition related questions, please email Sue at Susan.Hayward@bhddh.ri.gov

19. Are the state's caseworkers or ORS still involved in any furloughs or cutbacks?
- BHDDH social caseworkers are not furloughed. Many are working from home. Face-to-face work is limited during COVID and BHDDH offices are closed to the public. ORS does not have furloughs but are still "closed lobby" and limiting community-based work during COVID.
20. Who can we contact if social caseworker does not respond?
- Contact their Supervisor. Call the main DD number (401-462-3421) if needed to find out the name of your caseworker or their supervisor.
21. Will the Consent Decree workgroup joint meeting be opened for advocates to listen to?
- No, but we will be putting meeting notes and recommendations on the BHDDH website.
22. What is coordination with the DHS Medicaid application?
- Individuals applying for DD Services must also apply for the Long Term Services and Supports (LTSS) Waiver through the Department of Human Services (DHS). These are currently two separate application processes. BHDDH is working with DHS and the Executive Office of Health and Human Services (EOHHS) to reduce the burden in applying for services and to improve how information is provided to applicants and participants, as well as how information is shared across State agencies and services.
23. How can we highlight or make access easier to the Sherlock Plan/Medicaid Buy-In as a viable option for people who are working?
- The Sherlock Plan Medicaid for Working People with Disabilities Program is a type of Medicaid eligibility for working adults with disabilities. It is administered through the Department of Human Services (DHS). People eligible under this category are entitled to the full scope of Medicaid benefits, home and community-based services, and services needed to facilitate and/or maintain employment. Some participants may be required to pay a monthly premium. BHDDH is working with DHS to streamline Medicaid information and applications, including for the Sherlock Plan. Individuals can also get some information about the Sherlock Plan and other benefits through benefits counseling.
24. Has there been any discussion to provide training to individuals on technology?
- Training can be provided using tier package funding.
25. What is the limit for assistive technology?
- Technology spending is linked to the individual's normal tier package funding, which may constrain spending in any given year depending on the individual's plan and other goals. The choice of assistive or enabling technology is individualized and needs to be attached to the goals in an individual's plan.
26. For technology, I understand we can purchase it, but is there a way to purchase internet access?
- We are working with Medicaid to determine how to fund internet access. One issue is who is accessing it because funds must be used for the individual, not others. We need to ensure this is an allowable cost written into our waiver so that Medicaid funds can be used for it.
 - An attendee offered information that if people apply for free phones (as mentioned in BHDDH bulletins), it comes with free internet.

27. Does a technology committee exist?
- a. No, but once we get through the Consent Decree workgroups in the new year, we will look at forming a technology committee.
28. You said there is technology funding available. Is that funding above or outside the normal tier package?
- a. Funding comes out of the normal tier package. Purchase of technology is an allowable use of package funding under a goods and services line item.
29. Can you use technology for a class or assistance on how to use technology?
- a. Yes, it should be detailed in the plan and entered on the purchase order under goods and services.
30. Should gym memberships be promoted at this time if the State may lock down again? Would it be more fiscally beneficial to obtain technology as opposed to a gym membership?
- a. The guidance document in question isn't limited to spending under COVID, so there may be examples of allowable costs that may not be desirable right now with the pandemic. Each individual needs to decide what is in their best interest and document it in their plan. An online gym membership might be something someone decides they need if they already have the technology.
31. Are there CPR trainings available for Self-Directed support staff and is payment through a Purchase Order?
- a. If Self-Directed individuals want to send staff to training, it can be paid through the goods and services line item.
32. Please clarify EVV again. Is there funding in place to assist FI's with the implementation of EVV? Is this only for home-based services?
- a. EVV is a new Medicaid requirement that goes into effect in 2021 to verify home healthcare visits. EVV is only required for individuals who get personal care home healthcare services provided under Medicaid. COVID has not changed these services. There is funding for training individuals on how to use system.
33. What is the Cedar organization known for?
- a. Cedar provides case management for youth and adolescents.